

POSITION:	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	h.n	TC 864	11/16
FORMALITY REVIEW			430101
RESPONSE FORMALITY REVIEW	m y	625	05-14-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/16/02
2	✓	✓	10/15/02
3	✓	✓	11/20/02
4	✓	✓	10/20/02
5	✓	✓	10/20/02
6	✓	✓	10/20/02
7	✓	✓	10/20/02
8	✓	✓	10/20/02
9	✓	✓	10/20/02
10	✓	✓	10/20/02
11	✓	✓	10/20/02
12	✓	✓	10/20/02
13	✓	✓	10/20/02
14	✓	✓	10/20/02
15	✓	✓	10/20/02
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17	✓	✓	10/20/02
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48	✓	✓	10/20/02
49	✓	✓	10/20/02
50	✓	✓	10/20/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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